

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Sales, Abner (E-ARCH)	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-1156 Halelehua Street, Waipahu, Hawaii, 96797	<b>Inspection Date:</b> April 27, 2021 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-OLCA  
STATE LICENSING

21 MAY 26 P2:34

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b>FINDINGS</b> Resident #2- Diet order reads "low salt, low cholesterol diet" no documented evidence special diet is being provided.</p> <p>STATE OF HAWAII DOH-0HCA STATE LICENSING</p> <p>21 MAY 26 P2:34</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>7/c from Dr. Malana on 5/11/21. Dr. clarified resident's diet order as "regular diet and omit or disregard low salt, low cholesterol."</p>	<p>5/11/21</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><b><u>FINDINGS</u></b> Resident #2- Diet order reads "low salt, low cholesterol diet" no documented evidence special diet is being provided.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>21 MAY 26 P2:34</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1. PCA will place a page in resident's folder "REGULAR DIET" or "SPECIAL DIET" <u>CANNOT BE BOTH</u></p> <p>2. PCA will review Dr.'s diet order on the day of P.E.</p> <p>3. PCA will use a checklist to remember to verify new orders once a month.</p>	<p>5/12/21</p>

Licensee's/Administrator's Signature: Abner Sales

Print Name: Abner Sales

Date: 5/17/21

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